

AMENDMENT TRANSMITTAL FORM

VIA EFS
Commissioner for Patents
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 000324
In Re Application of: Leonard N. Schiff
Serial Number: 10/625,167
Filed: July 22, 2003
Examiner: Raymond S. Dean
Group Art Unit: 2618
Conf. No.: 2618

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	59	59		x \$50 =	\$
Independent**	4	4		x \$200 =	\$
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES			<input checked="" type="checkbox"/> One Month	\$120	\$120.00
			<input type="checkbox"/> Two Months	\$450	\$
			<input type="checkbox"/> Three Months	\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$120.00

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: March 22, 2007

Signature


David J. Huffaker, Reg. No. 56,771
Telephone: 858-845-2110

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502